



Member Survey

Instructions: Please provide a response to each question. DPHHS staff may follow-up at a later date with additional questions or may ask to visit with you at your home. This survey will take approximately 30 minutes.

Respondent Information

Your Name: _____

Your Home Address (house number and street name): _____

City, State, Zip Code: _____

Your Phone Number: () _____

Respondent Assistance to Complete Survey

1. Is someone helping you complete this survey?
☐ Yes: If marked, provide contact information in Question 2
☐ No
2. Contact information of person who is helping you to complete this survey?
 - a. Name:
 - b. Contact Phone Number:
 - c. Contact Email Address:
3. Is this person (check all that apply):
 - a. ☐ A family member
 - b. ☐ Your guardian or legal representative
 - c. ☐ Your Case Manager
 - d. ☐ Other, please specify:

Section I: Your Living Arrangement

1. Your Home

a. How would you describe your home?

- ☐ Private residence with natural or adoptive family
- ☐ Private residence by yourself or with spouse or non-relatives
- ☐ Foster family home
- ☐ Specialized residential
- ☐ Assisted Living Facility
- ☐ Group Home
- ☐ Other

b. Type of Home:

- ☐ Single family home
- ☐ Duplex
- ☐ Multi-unit or apartment building
- ☐ Single residence within complex of unit/apartments for people with disabilities
- ☐ Other, please specify: [Click here to enter text](#)

Section II: Physical Location of Your Living Arrangement

1. Is the residence located in a wing or same building as a nursing home or hospital setting?

- ☐ Yes
- ☐ No

If yes, choose setting:

- ☐ Nursing Home
- ☐ Psychiatric Setting
- ☐ Hospital

2. Does the provider operate or manage multiple residences/locations on the same street, nearby streets, or same neighborhood?

- ☐ Yes
- ☐ No
- ☐ Don't Know

3. Is the residence a gated or secured living setting?

- ☐ Yes
- ☐ No

4. Is the residence intended only for people with disabilities?

- ☐ Yes
- ☐ No

Section III: Community Integration

1. Do you have the option to use community services instead of onsite services for things such as getting your haircut in a salon/barber shop?
☐ Yes
☐ No
2. Do you participate in a variety of community activities?
☐ Yes: If marked, answer the part a and b of this question.
☐ No: If marked, move to question 3.
 - a. Who assists you in accessing the community?
☐ Personal Assistance
☐ Staff
☐ Case Manager
☐ Family/Friends
☐ Volunteer(s)
☐ I don't need assistance in accessing the community
 - b. Do you participate in any of the following activities of your choosing in the community (check all that apply)?
☐ Individual shopping
☐ Religious or spiritual services
☐ Scheduled appointments (personal or medical)
☐ Meals with friends or family
☐ Recreation activities
☐ Community events
☐ Volunteer community services
☐ Community employment
☐ Other
3. Can your Case Manager or others visit at any time?
☐ Yes
☐ No
4. Is accessible transportation available for you to make trips to the community?
☐ Yes
☐ No
5. Do you have access to nearby public transportation?
☐ Yes
☐ No
☐ No public transportation available where I live

Section IV: Your Rights in Your Living Arrangement

1. Do you have a lease or written agreement for the living arrangement?
☐ Yes
☐ No
2. Satisfaction with your living arrangement
 - a. Are you satisfied with your living arrangement?
☐ Yes
☐ No, please complete 2nd part of the question.
 - b. Do you know how to request new housing?
☐ Yes
☐ No
3. Do you know how to file a complaint about your living arrangement?
☐ Yes
☐ No
4. Do you know how to contact your family members, friends, or guardian when there is a problem?
☐ Yes
☐ No
5. Personal Funds
 - a. Does the place you live control your personal funds?
☐ Yes, please complete 2nd part of the question.
☐ No
 - b. Do you have access to your personal funds?
☐ Yes
☐ No
6. Do staff discuss your personal issues in public spaces?
☐ Yes
☐ No
7. Do you have choice in who provides your services and supports?
☐ Yes
☐ No

8. Are you able to update or change your services and supports based on your likes/dislikes?
- ☐ Yes
- ☐ No
9. Do you have a Plan of Care?
- ☐ Yes
- ☐ No
- ☐ Don't Know

Section V: Your Individual Experience in Your Living Arrangement

1. Did you choose where you live?
- ☐ Yes
- ☐ No
2. Do you have keys to your front door?
- ☐ Yes
- ☐ No
3. Do staff member have keys to your front door?
- ☐ Yes
- ☐ No
4. Can you close and lock your bedroom door?
- ☐ Yes
- ☐ No
5. Can you close and lock your bathroom door?
- ☐ Yes
- ☐ No
6. Do staff respect your privacy when entering your personal space?
- ☐ Yes
- ☐ No
7. Do you have options for your meals:
- a. when you eat your meals?
- ☐ Yes
- ☐ No
- b. what you eat?
- ☐ Yes
- ☐ No

- c. to eat alone or with other housemates?
☐ Yes
☐ No
8. Do you have access to food at any time unless limited due to health and safety?
☐ Yes
☐ No
9. Do you choose the clothes you wear?
☐ Yes
☐ No
10. If you share a telephone or computer with other individuals you live with, can it be used in a place for private communication?
☐ Yes
☐ No
11. Do you have a choice in your roommate?
☐ Yes
☐ No
☐ I have no roommate.
12. Do you have the freedom to furnish, decorate your own personal space/bedroom?
☐ Yes
☐ No
13. Do you arrange and control your personal schedule of daily appointments/activities?
☐ Yes
☐ No
14. Can you choose to come and go from home when you want?
☐ Yes
☐ No
15. If applicable, is the home setting physically accessible (no steps or has an elevator, chair lift)?
☐ Yes
☐ No
16. Does the home have gates, locked doors, or other barriers preventing entrance/exit to shared areas of the home setting?
☐ Yes
☐ No

Section VI: Your Other Supports and Services (Non-Residential Living Supports)

Instructions: In this section, the questions will ask about how you spend your day. This includes the services such as work, supported employment and day activities. In this survey this provider is called, “Your Non- Residential Support Provider”.

Please check all of the following that apply.

I participate in:

- ☐ work activities
- ☐ supported employment
- ☐ day activities

If you do not participate in any of the above, then you are finished with the survey! We greatly appreciate you taking the time to complete it!

If you checked one or more of the boxes, please respond to the following questions.

Your Non-Residential Support Provider Name: _____

1. Do you help decide your schedule?
☐ Yes
☐ No
2. Do you have a space to keep your personal belongings?
☐ Yes
☐ No
3. Do you have privacy when you need help with personal care?
☐ Yes
☐ No
4. Are you assigned to spend your day with only a certain group of people?
☐ Yes
☐ No
5. Are your tasks and activities matched to your skills, abilities and desires?
☐ Yes
☐ No
6. Do you interact with individuals from the community/public during your day?
☐ Yes
☐ No

Thank you for participating in this Member Survey. We greatly appreciate you taking the time to complete it!